



ECKBERG  
LAMMERS  
ATTORNEYS AT LAW

## Minnesota Probate Intake Form

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# DECEDENT INFORMATION

## Decedent

Complete name: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death (city, county and state): \_\_\_\_\_

Name of funeral home: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Residence at time of death (complete address): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth (city, county and state): \_\_\_\_\_

Marital status at time of death: \_\_\_\_\_

## Spouse(s)

*Note: Complete the following information for the spouse(s) who predeceased the decedent, as well as the surviving spouse. If a spouse has passed away, please provide death certificate. Please provide complete names. **If marriage ended in divorce, provide name only.***

### Spouse #1

_____			
Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	

### Spouse #2

_____			
Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	

### Spouse #3

_____			
Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	



## Heir(s)

Note: Please provide complete names.

<b>Name</b>			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

<b>Name</b>			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

<b>Name</b>			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

<b>Name</b>			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

<b>Name</b>			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

- Check here** if there are additional heirs.  
Please list them in the "Notes" section on page 8.

## Will Information

Is there a Will?  Yes.  No.  
*If yes, date of Will:*

Is there a Codicil?  Yes.  No.  
*If yes, date of Codicil:*

Does the Will refer to a separate writing regarding disposition of personal property?  Yes.  No.  
*If yes, is such separate writing available?*  Yes.  No.

Was there a safe deposit box?  Yes.  No.  
*If yes, please list location:*

## Personal Representative(s)

Who is the nominated Personal Representative(s)? If there is no Will, who will be serving as Personal Representative?

	Name	Relationship to decedent		
<b>Personal Rep. #1</b>				
Address				
City	State	ZIP		
Phone	(Home)			
Phone	(Work)			
Phone	(Mobile)			
Email				

	Name	Relationship to decedent		
<b>Personal Rep. #2</b> (optional)				
Address				
City	State	ZIP		
Phone	(Home)			
Phone	(Work)			
Phone	(Mobile)			
Email				

# FINANCIAL INFORMATION

A financial inventory is needed to determine which assets require probate to be re-titled, and to determine which type of procedure is best used (formal or informal probate or affidavit of collection). Please list beneficiaries, pay-on death and transfer-on death designations.

## Assets

<b>Savings &amp; Checking Accounts</b>	List owner and any POD	Estimated Value on Date of Death
(Financial Institution)		\$
		\$
		\$
		\$

<b>Certificates of Deposit</b>	List owner and any POD	
(Financial Institution)		\$
		\$
		\$
		\$

<b>Life Insurance &amp; Annuities</b>	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$

<b>Stocks, Bonds &amp; Mutual Funds</b>	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$

<b>Real Estate – Deeds</b>	List owner and any TOD	
		\$
		\$
		\$
		\$

## Assets (cont.)

### Qualified Retirement Plans (IRA, 401K, 403B, SEP)

List beneficiaries

Estimated Value  
on Date of Death

(Financial Institution)		\$
		\$
		\$
		\$

### Personal Property

(approximate value, list any valuable art, collectibles, or automobiles separately)

List beneficiaries

		\$
		\$
		\$
		\$

## Liabilities

	Description	Value
Creditor #1		\$
Creditor #2		\$
Creditor #3		\$
Creditor #4		\$
Creditor #5		\$

**TOTAL LIABILITIES** \$

## Summary of Assets/Indebtedness

### Probate Assets

	Value
Homestead	\$ <input type="text"/>
Other Real Estate	\$ <input type="text"/>
Cash	\$ <input type="text"/>
Securities	\$ <input type="text"/>
Other	\$ <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/>

### Non-Probate Assets

	Value
Joint Tenancy	\$ <input type="text"/>
Insurance	\$ <input type="text"/>
Other	\$ <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/>

# EMPLOYMENT INFORMATION

## Employment Status

Decedent's employment status on date of death:

- Employed
- Unemployed
- Retired

If employed, please complete:

Employer Name	<input type="text"/>
Position	<input type="text"/>

